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An Essay

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Walnut

On

Fastures

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By

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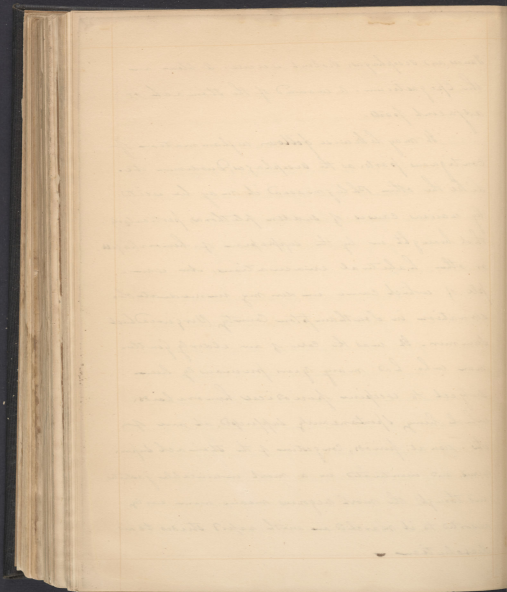
Gastritis

Is an inflammation of the stomach, and has been divided into two species Phlegmonous & Erythematous - The former of which I design treating only, as the latter arises chiefly towards the close of life & malignant tumors marking the certain approach of death, and is unaccompanied by any of the symptoms of general inflammation -

Phlegmonous inflammation of the stomach, or gastritis, is produced by all of the causes of inflammation, as external contusions, acids, of various kinds taken into the stomach, large and excessive draughts of cold liquors when the body is much heated, over distention from indigestible food. irritating and intoxicating drinks. It may also arise from various acrimonies generated in the body as frequently happens in various ulcerous affections of the

Trachea and Oesophagus, violent exercise. A blow on the Epigastrium. A wound of the stomach or adjacent parts.

It may likewise follow inflammation of contiguous parts, as the Oesophagus, Duodenum &c. Like the other Phlegmasia it may be excited by various causes of sudden plethora, particularly that brought on by the suppression of hemorrhages or other habitual evacuations, An example of which came under my immediate observation in Southampton County, Virginia last summer. It was the case of an elderly gentleman who had many years previously been subject to excessive periodical hemorrhoids, which being spontaneously suppressed, at one of its usual periods, Congestion of the stomach supervened, and terminated in a most invincible gastritis, and though the most vigorous means were early resorted to, it marched on with rapid strides to his dissolution.



Symptoms.

A violent & acute pain in the stomach with a sense of burning heat - the pain is not confined to the region of the stomach, but extends as low down as the false ribs, & often shooting to the back. great nausea to the vomit. & excessive irritability of the stomach, with inordinate vomiting much aggravated by ingesta, pulse frequent, small, & contracted, more or less hard & sometimes intermitting, disturbing thirst. restlessness, anxiety, and a continual tossing of the body, delirium etc. - At an advanced stage there is great tension about the Epigastrium region - great and sudden depression of strength, which generally threatens syncope, & in many cases fainting actually takes place. pulse small, hard, & corded, contracted & not very quick - Paralytic Chock is advanced very rapidly, and with great aggravation of the symptoms. the patient cannot be raised from a horizontal

position without fainting. The extremities become cold, with extreme debility of the capillary circulation. Short and interrupted respirations. Cold clammy sweats. Hiccups, & often dark coloured matter is discharged from the stomach similar to black vomit in Yellow Fever. Some delirium - distention of the abdomen with flatulency. These symptoms are the precursors of gangrene or showing the actual existence of it -

Occasionally there are anomalous symptoms, as violent pain in the great toe as in Podagra. pain now and then appears in the groin. Professor Physick remarked during the prevalence of Yellow Fever in Philadelphia, that in Yellow fever (which is confessedly a gastric disorder) there was sometimes a violent pain in the pendulum of Females. that it was always indications of extreme danger, and in every case in which he noticed it the patient died -

Spasmodic rigidity of the muscles of the arm sometimes occurs, and not infrequently paraplegia of the arm. To these may be added dyspnoea. The patient complains of a difficulty of breathing, which depends upon the inflamed state of the stomach, rendering the descent of the diaphragm painful. The degree of dyspnoea attending gastritis much in a great measure depends on the part of the stomach inflamed. the nearer the seat of the complaint is to the diaphragm the more will the descent of the latter effect it. A most unaccountable symptom which sometimes occurs in this complaint is the Hydrophobia.

This disease sometimes makes its attack in a much more insidious manner, as was evidently exemplified in a case spoken of by Dr Jackson in his clinical lectures in the autumn of 1822.

— *Asplenium*

This was the case of a young Lady in the
 Country, who was attacked with great irrita-
 bility of the stomach, and flatulency, the attend-
 ing Physician supposing it a case of dyspepsia
 and prescribed Tonics, bitters etc. she of course
 continued to grow worse till the excessive irri-
 tability of her system brought on daily
 paroxysmal chills & fevers. It was then treated
 as common intermittent fever, consequently the
 inflammation & almost imperceptible inflammation
 continued to prey on the system, till the symptoms
 became so alarming as to induce the friends
 of the sufferer to call in Doct. Jackson whose
 powers of discrimination disclosed to him
 immediately the real seat and nature of
 the disease. He pronounced it a case of Gas-
 tritis, which prognostic was verified both
 from the history of the case, and the appearance
 of some of the most prominent symptoms

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of that complaint. This case unites many
nearly allied some of those insidious attacks
of Gastritis is with Intermittent fever, and
the absolute importance of discriminating
them, which may be readily done by the
irritability of the stomach, tenderness to the
touch, the recurrence of the paroxysms in the
afternoon etc.

Prognosis.

The long and unabated continuance
of the urgent symptoms, increasing irritability of
the stomach, great prostration of strength, dis-
position to syncope. Cold extremities. Cold clam-
my sweats. ghastly look. distended countenance
pulse extremely feeble. hiccups. dark or coffee
ground vomit, and distensions of the Epigastric
& Umbilical regions, are generally the pre-
cursors of death.

But when there is general misapprehension of the

symptoms, with an evident alleviation upon the application of our remedies as a subsidence of pain. compassers of the stomach, with a full soft pulse, we may with some degree of certainty calculate on a favourable issue.

Diagnosis

There is no complaint with which (by a person acquainted with its symptoms) Dystichia can be confounded. In cramps & flatulent pains of the stomach, the pulse is generally natural, or nearly so, nor is the latter accompanied with the sudden prostrations which attends Dystichia, & there there is often no vomiting, and it is very rarely so constantly excited by ingesta. the increase of pain after receiving any thing into the stomach is much less remarkable in flatulent pains & cramps than in Dystichia. In the former the pain is greatly in-

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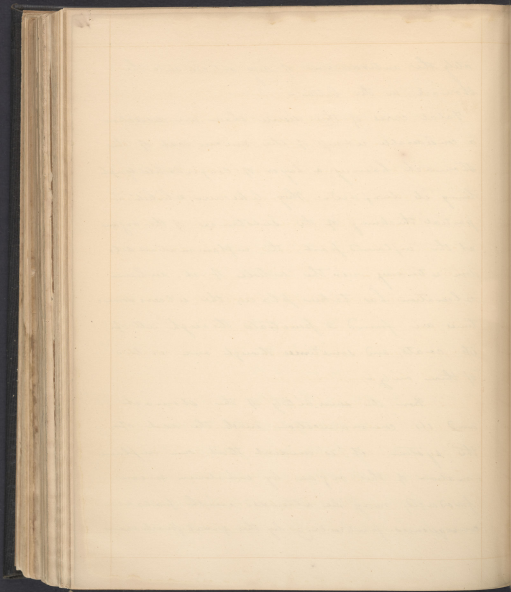
ceased by pressure, whereas in the latter it frequently mitigates it - In spasms of the stomach there is such a sense of contraction & suffocation that the voice is often suppressed, while in Gastritis it is more free & the cries of the patient are often piercing -

Inflammation of the abdominal muscles over the Epigastric region has been by some confounded with Gastritis. this may be readily distinguished by the absence of the irritability of the stomach. by the increase of pain in a greater degree by motion. that is those motions in which those muscles are concerned. the state of the pulse in the former case very different, if changed at all, instead of being exceedingly feeble as in Gastritis, it is strong, as in most of the Phlegm said. It may be distinguished from inflammation of the Duodenum by the pain & Vomiting not succeeding immediately.

ately the introduction of any article into the stomach in the latter -

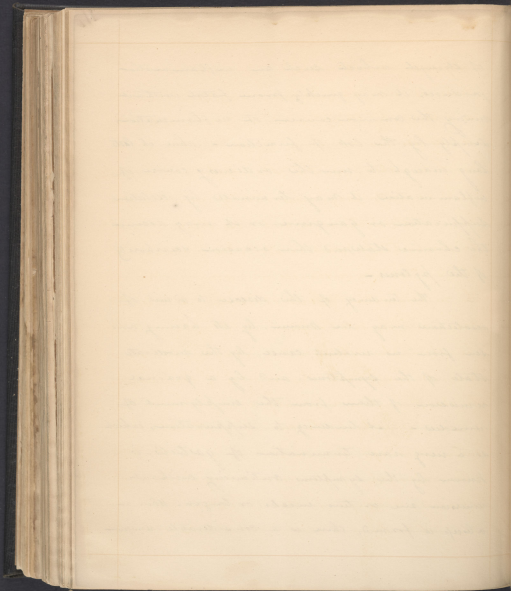
Fatal cases of this disease show an dissection a considerable redness of the mucous coat of the stomach having a layer of coagulable lymph lining its surface. They likewise exhibit a partial thickening of the substance of the organ at the inflamed part, the inflammation seldom extending over the whole of it, where ulceration has taken place, the ulcers sometimes are found to penetrate through all of its coats, and sometimes through one or two of them only -

From the sensibility of the stomach and its communication with the rest of the system - it is evident that an inflammation of this organ by whatever means produced, may be attended with fatal consequences, particularly by the great prostration



of strength which such an inflammation produces, it may quickly prove fatal without running the common course of inflammation, simply by the loss of function - when it lasts long enough to run the ordinary course of inflammation, it may terminate by resolution, suppuration or gangrene, or it may assume the chronic state, and then occasion scirrhus of the pylorus -

The tendency of this disease to admit of resolution may be known, by its having arisen from no violent cause, by the moderate state of the symptoms, and by a gradual remission of them from the employment of remedies - A tendency to suppuration, which is a very rare termination of gastritis, is known by the symptoms continuing without remission one or two weeks or longer. When an abscess is formed, there is a considerable remission



of pain, generally preceded by rigors, while a
 sense of uneasiness and an anxiety remains, and
 is followed by regular exacerbations, which by
 degrees assumes the form of hectic fever. The dan-
 ger of an abscess in the stomach is very great,
 and generally terminates fatally, unless it opens
 into the stomach, in which case the pus may
 be discharged by vomit or stool, the ulcer sometimes
 heals. There are instances on record in which
 the inflammation caused adhesions. As was the
 case, with the late Emperor of France, in which
 the stomach adhered to the liver. Adhesions
 may also form with the parietes of the abdomen,
 the abscess breaking externally. Van Swieten mentions
 a case in which the contents of the stomach
 were discharged through an opening of this kind.

The approach of gangrene is known by an
 increased violence of the symptoms, and by
 their not yielding to proper remedies -

Treatment -

The indications in gastritis is well marked. We have an active inflammation of a delicate and important organ. which, if not averted, hastens rapidly to a fatal termination -

Blood letting is has long been called for, and is the remedy on which we must depend. There is no case in which it is carried to a greater extent than gastritis - As soon as the symptoms show themselves, we must have recourse to venesection to such an extent, as to make a decided impression on the system. Twenty or thirty ounces may be taken from a patient of robust constitution, to be repeated in the course of a very few hours, if the patient is not relieved, regard be of the diminution of the pulse, or asthenic prostration.

It is a peculiarity of the stomach, that in proportion to the violence of the inflammation



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the general system is depressed, and as we abstract blood the powers of the system will be displayed, and the inflammatory nature of the disease will be developed.

Some eminent practitioners, particularly the Europeans, advise small and frequent bleedings in this affection, nothing can be more pernicious, as we thereby exhaust the powers of the patient, without subduing the inflammation, which is the important end, we are desirous to gain.

After hemorrhage. Topical bloodletting may, by means of several leeches applied over the epigastric regions, or by scarification and cupping, be resorted to if necessary.

The next remedy in importance is blisters. There is no case, in which blisters are of more unequivocal utility, than the one in question. We should apply them as nearly as possible over the immediate seat of

pain, their efficacy being thereby increased, let them also be as large as the nature of the part will allow. Large blisters give scarcely more pain than small ones, and are generally beneficial in the ratio to their dimensions. They should not, however, be removed till the system is reduced by hemorrhage, after which, they frequently act like a charm - These veniories may be assisted by fomentations to the abdomen -

With regard to evacuations of the alimentary canal - the excessive irritability of the stomach frequently precludes the possibility of administering any purgative medicines. Consequently our only resource is large & emollient enemata, which should be early resorted to and frequently repeated, till the stomach becomes sufficiently composed to give some cathartic medicine. Castor

oil, or Calomel may then be administered. the latter is to be preferred as it is less nauseous, better retained by the stomach, and not more irritating.

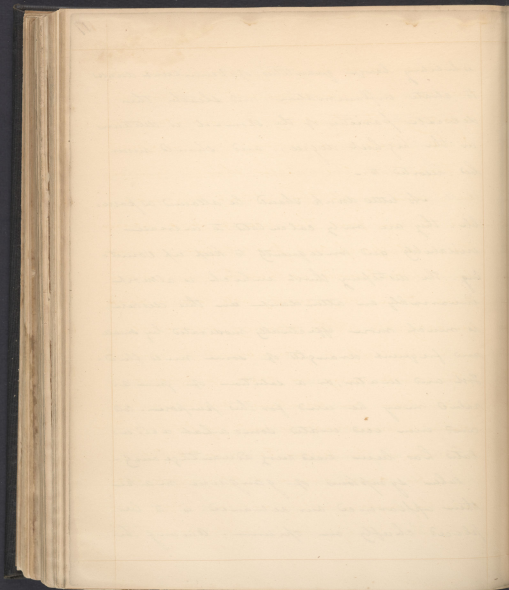
The saline medicines form an excellent class of laxatives in this affection, of all of which the Sulphate of Magnesia is the least irritating, and is frequently retained when all others are rejected, not infrequently checking the inordinate vomiting by establishing the natural peristaltic motion -

To allay irritation and calm the stomachs it is necessary to resort to the saline draught, or what is better lime water & milk - In some cases anodyne enemata, are resorted to with singular advantage, they abate pain, allay irritation, and compose the stomach -

The common practice of

administering large quantities of Demulcent drinks to abate inflammation, and soothe the delicate parieties of the Stomach is detestable in the highest degree, and should never be resorted to -

As little drink should be allowed as possible. they are only calculated to increase irritability, and consequently to keep up Vomiting. The distressing thirst which is almost invariably an attendant on this disease, is much more effectually moderated by small and frequent draughts of some mild fluid. Soft and water, or a solution of gum arabic may be used for this purpose. Cold and even iced water somewhat acidulated has been used very advantageously. When symptoms of gangrene make their appearance our reliance is to be placed chiefly on opium. Among the



valuable properties of this invaluable article of the materia medica is that of diminishing the tendency to mortification.

If this fails, we may try the spirits of Turpentine. This article should, however, be used with the utmost caution - and if we find the use of it, to increase the restlessness and facitiation, it should be discontinued forthwith, but when well timed it frequently acts like a charm, dissipating all of the alarming symptoms, with evidently a permanent advantage.

This article may in cases of extreme prostration be combined with the carbonate of ammonia, as used by Drs Chapman & Hanson in the Yellow Fever (see D.C. Med.)

In cases where suppuration succeeds the inflammatory stage, we must support the system with stimulants, and

a nutritious diet -

It it should form adhesions, and form abscesses, as the case above mentioned, with an external opening, one should use compresses and bandages to prevent the immediate escape of the food etc -

Inflammation of the stomach may arise from the introduction of poisonous articles. As it is not my intention to go minutely into the treatment of this species of gastritis, I shall dismiss it with mere remarking, that the offending matter should, as expediently as possible, be evacuated by active Emmetics, or Dr. Price's Stomach tubes, and when the nature of it can be ascertained counteragents or antidotes should be administered &c.

The antiphlogistic regimen should

